
State:	District of Columbia	Filing Company:	NORCAL Mutual Insurance Company
TOI/Sub-TOI:	11.2 Med Mal-Claims Made Only/11.2000 Med Mal Sub-TOI Combinations		
Product Name:	DC - MPLI Rate/Rule Manual 2015		
Project Name/Number:	DC R/R (2015)/DC R/R (2015)		

Filing at a Glance

Company:	NORCAL Mutual Insurance Company
Product Name:	DC - MPLI Rate/Rule Manual 2015
State:	District of Columbia
TOI:	11.2 Med Mal-Claims Made Only
Sub-TOI:	11.2000 Med Mal Sub-TOI Combinations
Filing Type:	Rate/Rule
Date Submitted:	09/04/2015
SERFF Tr Num:	NCMC-130167079
SERFF Status:	Submitted to State
State Tr Num:	
State Status:	
Co Tr Num:	DC15097
Effective Date	05/01/2016
Requested (New):	
Effective Date	05/01/2016
Requested (Renewal):	
Author(s):	Jane Cundiff, Debra Dorsey
Reviewer(s):	
Disposition Date:	
Disposition Status:	
Effective Date (New):	
Effective Date (Renewal):	

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General Information

Project Name: DC R/R (2015)	Status of Filing in Domicile:
Project Number: DC R/R (2015)	Domicile Status Comments:
Reference Organization:	Reference Number:
Reference Title:	Advisory Org. Circular:
Filing Status Changed: 09/04/2015	
State Status Changed:	Deemer Date:
Created By: Jane Cundiff	Submitted By: Jane Cundiff
Corresponding Filing Tracking Number:	

Filing Description:

Please see the Cover Letter/Filing Memorandum under the Supporting Documentation tab.

Company and Contact

Filing Contact Information

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Filing Company Information

NORCAL Mutual Insurance Company	CoCode: 33200	State of Domicile: California
560 Davis Street	Group Code: 1282	Company Type: Commercial
Suite 200	Group Name: Med Grp Holdings & Aff	Medical Malpractice
San Francisco, CA 94111	FEIN Number: 94-2301054	State ID Number:
(800) 652-1051 ext. 2101[Phone]		

Filing Fees

Fee Required?	No
Retaliatory?	No
Fee Explanation:	

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Rate Information

Rate data applies to filing.

Filing Method:	Prior Approval
Rate Change Type:	%
Overall Percentage of Last Rate Revision:	%
Effective Date of Last Rate Revision:	
Filing Method of Last Filing:	

Company Rate Information

Company Name:	Overall % Indicated Change:	Overall % Rate Impact:	Written Premium Change for this Program:	Number of Policy Holders Affected for this Program:	Written Premium for this Program:	Maximum % Change (where req'd):	Minimum % Change (where req'd):
NORCAL Mutual Insurance Company	0.000%	0.000%	\$0	5	\$80,380	0.000%	0.000%

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Rate/Rule Schedule

Item No.	Schedule Item Status	Exhibit Name	Rule # or Page #	Rate Action	Previous State Filing Number	Attachments
1		DC MPLI Rate/Rule Manual		New		Underwriting Manual_District of Columbia_05-01-16.pdf



NORCAL Mutual Insurance Company
District of Columbia Medical Professional Liability Insurance Underwriting Manual
05/01/2016

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Section I: General Rules

A. Purpose of Manual

This manual specifies the rules and rating plans for providing medical professional liability insurance.

B. Policy Period

Policies are issued for a period of up to one calendar year, subject to early cancellation. The policy period may be extended beyond the original expiration date for additional premium, subject to underwriting approval.

C. Location of Practice

District of Columbia has one territory. Consideration will be given to insureds practicing in more than one state.

D. Premium Computation

A policy's premium is computed in accordance with the rules and rates in effect on the policy's effective date.

E. Factors or Multipliers

Applicable factors or multipliers are applied consecutively and not added together.

F. Whole Dollar Rule

All premium amounts are rounded to the nearest dollar. If the amount involves less than \$.50, the premium is rounded down to the nearest dollar. If the amount involves \$.50 or more, the premium is rounded up to the nearest dollar.

G. Mid-term Changes

Changes during the policy period are subject to the rules and rates in effect on the policy's effective date. Mid-term changes that impact the premium are prorated, subject to the minimum premium requirement.



H. Cancellation and Non-renewal

1. Cancellations and non-renewals are subject to state statutes, regulations, and rules and the policy's provisions. Return premium for a canceled policy is calculated as follows:
 - a. If we cancel the policy, return premium will be prorated; or
 - b. If the insured cancels the policy, return premium may be calculated using the customary short rate cancellation table.
2. The per-policy medical professional liability insurance minimum premium will be retained unless the policy is canceled effective the policy's effective date.

I. Medical Professional Liability Minimum Premium

The per-policy, medical professional liability insurance minimum premium is \$500.

J. Premium Payment Plan

The Company may offer premium payment options.

K. Type of Coverage

Medical professional liability insurance applies on a claims-made and reported basis.

L. Limits of Coverage

1. The basic limits of coverage for medical professional liability insurance are \$1,000,000/\$3,000,000.
2. The limits of coverage factors are:

<u>Limits of Coverage</u>	<u>Non-Surgical</u>	<u>Surgical</u>
\$500,000/\$1,000,000	0.8100	0.8100
\$1,000,000/\$3,000,000	1.0000	1.0000
\$2,000,000/\$4,000,000	1.2300	1.2500

Other limits of coverage are available upon request.

3. The shared limits of coverage factor is .97 for physicians, surgeons, dentists, podiatrists, and midwives and .50 for health care extenders other than midwives.

M. Prior Acts Coverage

Prior acts coverage is available for qualified applicants. It provides coverage for events otherwise covered by the policy that arise from acts or omissions that took place on or after the retroactive date and before the applicable effective date with the Company. The premium is calculated as if the retroactive date was the first date of coverage with the Company. Once the retroactive date is established, it may only be advanced at the request or written acceptance of the insured, subject to underwriting approval.



N. Health Care General Liability Insurance and Non-Owned Auto and Hired Auto Liability Insurance

Health care general liability insurance is an optional, occurrence-based coverage available for purchase in conjunction with the Company's medical professional liability insurance. Non-owned auto and hired auto liability insurance is an optional, occurrence-based coverage available for purchase in conjunction with the Company's medical professional liability insurance and health care general liability insurance. The premium is 4–8 % of the chargeable medical professional liability insurance premium.

O. Administration of Your Employee Benefits Program Liability Insurance

Administration of your employee benefits program liability insurance is an optional, claims-made coverage available for purchase in conjunction with the Company's medical professional liability insurance and health care general liability insurance. The premium is based on the number of employees:

<u>Employees</u>	<u>Premium</u>
0–19	\$250
20–49	\$500
50+	\$1000

P. Extended Reporting Period Coverage

Extended reporting period coverage extends the time for an insured to report events covered by a claims-made and reported section of the policy. The policy's provisions govern the availability and terms of extended reporting period coverage.

A health care professional's extended reporting period endorsement premium represents the residual premium (cumulative difference) between the full occurrence charges for all subject years and the premium actually collected as of the termination date. An entity's/organization's extended reporting period endorsement premium is the percentage of the premium chargeable to the entity's/organization's associated health care professionals, as specified in Section II (Entities/Organizations) of this manual.

The extended reporting period endorsement premium for a health care professional may be waived in accordance with the policy's provisions.

End Section I



Section II: Entities/Organizations

A. Eligibility

Separate or shared limits of coverage are available for qualified entities/organizations.

B. Premium Calculation

1. No additional premium is charged for shared limits of coverage.
2. The premium for separate limits of coverage is calculated as a percentage of the premium applicable to the associated health care professionals using the following factors:

<u>Size</u>	<u>Percentage</u>
2-5	12%
6-9	10%
10-19	9%
20-49	7%
50+	5%

C. Premium Modification

Schedule rating is available for an entity/organization in accordance with the schedule rating plan specified in Section III (Health Care Professionals) of this manual.

End Section II



Section III: Health Care Professionals

A. Eligibility and General Premium Calculation

1. Health Care Professionals

Separate or shared limits of coverage are available for those health care professionals identified in the *Specialty Class Plan* section below.

The premium is calculated as follows using the rates and factors specified below:

- a. Base rate for the applicable specialty and territory; multiplied by
- b. The applicable claims-made factor; multiplied by
- c. The applicable limits factor; multiplied by
- d. The shared limits of coverage factor, if applicable; multiplied by
- e. The applicable premium modification factors; minus
- f. The voluntary deductible credit, if applicable.

2. Locum Tenens

Coverage for a health care professional substituting for an insured health care professional may be endorsed onto the policy without additional premium.

3. Blended Rate

When a change in practice results in a different specialty or territory for an insured, the rate is blended. But a health care professional who reduces his or her specialty and satisfies the time insured and prior acts requirements for the waiver of extended reporting period endorsement premium due to retirement provision at the time of the change is eligible for a waiver of the residual portion of the premium that was rated at the higher rate.

4. Slot Coverage

Coverage is available on a slotted basis for health care professionals. When used, a slot is created. The slot is assigned the applicable specialty and retroactive date, which is used to determine the premium. When a slot is canceled or non-renewed, extended reporting period coverage may be available.

5. Full-Time Equivalency Rating

A full-time equivalency calculation is available to determine the full-time equivalent exposure and premium of an insured. The premium is calculated as follows:

Hours per week coverage provided ÷ 40 (hours) x applicable premium



6. Per-Patient Rating

Per-patient rating is available for emergency medicine and urgent care health care professionals. The policy premium is determined by multiplying the appropriate premium for the specialty, the retroactive date, and the limits of coverage by the applicable conversion factor specified below and the annual patient visits. This number is then multiplied by 1 + the applicable entity/organization fee percentage specified in Section II (Entities/Organizations) to determine the total premium for the policy.

<u>Specialty</u>	<u>Conversion Factor</u>
Type 1	.000278
Type 2	.000200
Type 3	.000154

The per-patient conversion factor was determined by dividing 1 by the average patient visits for physicians in the specialty.

7. Charitable Medicine Coverage

This optional coverage is available for a qualified health care professional whose extended reporting period endorsement premium was waived due to retirement and who subsequently returns to practice with only a charitable medicine exposure. The premium is calculated on a full-time equivalent basis.

The extended reporting period endorsement premium for the health care professional will be waived when coverage is canceled, provided that all billed premiums have been paid.

B. Premium Calculation Details

1. Claims-Made Rating Factors

<u>Year</u>	<u>Step Factor</u>	<u>Extended Reporting Period Coverage Factor</u>
1	0.3250	0.9500
2	0.6000	1.6000
3	0.8000	1.8500
4	0.9000	2.0000
5 (mature)	1.0000	2.0000

2. Specialty Class Plan

a. Physicians, Surgeons, Dentists, and Podiatrists

<u>Specialty</u>	<u>Class</u>
Administrative Medicine	1005
Allergy and Immunology	1005
Anesthesiology	1025
Bariatric Surgery	1095
Cardiovascular Surgery	1075
Cardiology (Minor Surgery)	1050
Cardiology (No Surgery)	1020



<u>Specialty</u>	<u>Class</u>
Colon and Rectal Surgery	1050
Concierge Medicine	1005
Critical/Intensive Care Medicine	1030
Dentistry	1007
Dermatology (Major Surgery)	1050
Dermatology (Minor Surgery)	1018
Dermatology (No Surgery)	1007
Dermatopathology	1015
Emergency Medicine	1060
Emergency Medicine (With Trauma)	1075
Endocrinology	1015
Endocrinology (Reproductive)	1060
Family Medicine (Major Surgery incl OB)	1055
Family Medicine (Minor Surgery)	1035
Family Medicine (No Surgery)	1015
Forensic Medicine	1005
Gastroenterology (Minor Surgery)	1035
Gastroenterology (No Surgery)	1025
General Medicine (Minor Surgery)	1035
General Medicine (No Surgery)	1015
General Surgery	1065
Geriatrics	1015
Gynecology (Major Surgery)	1060
Gynecology (Minor Surgery)	1030
Gynecology (No Surgery)	1015
Hand Surgery	1050
Hematology	1020
Hematology/Oncology	1025
Hospice and Palliative Medicine	1015
Hospitalist (Including ER)	1050
Hospitalist (Minor Surgery)	1025
Hospitalist (No Surgery)	1015
Hyperbaric Medicine	1008
Infectious Disease	1035
Internal Medicine (Major Surgery)	1055
Internal Medicine (Minor Surgery)	1035
Internal Medicine (No Surgery)	1020
Laborist	1080
Medical Genetics	1008
Neonatology	1035
Nephrology (Minor Surgery)	1025
Nephrology (No Surgery)	1015
Neurology (Minor surgery)	1040
Neurology (No Surgery)	1025
Neurosurgery	1095
Nuclear Medicine	1008



<u>Specialty</u>	<u>Class</u>
Obstetrics and Gynecology	1080
Occupational Medicine	1007
Oncology	1025
Ophthalmology (Major Surgery)	1020
Ophthalmology (Minor Surgery)	1015
Ophthalmology (No Surgery)	1007
Oral and Maxillofacial Surgery	1065
Orthopedic Surgery (Including Spinal Surgery)	1070
Orthopedic Surgery (No Spinal Surgery)	1065
Orthopedics (Minor Surgery)	1030
Orthopedics (No Surgery)	1015
Otolaryngology (Major Surgery)	1055
Otolaryngology (Minor Surgery)	1035
Otolaryngology (No Surgery)	1015
Pain Management (Interventional)	1050
Pain Management (Non-Interventional)	1045
Pathology	1015
Pediatrics (Minor Surgery)	1030
Pediatrics (No Surgery)	1015
Perinatology	1080
Physical Medicine and Rehabilitation (Interventional)	1045
Physical Medicine and Rehabilitation (Non-Interventional)	1008
Physician NOC (Major Surgery)	1055
Physician NOC (Minor Surgery)	1035
Physician NOC (No Surgery)	1015
Plastic Surgery	1060
Podiatry (Surgery)	1015
Podiatry (No Surgery)	1007
Preventive Medicine	1008
Psychiatry	1007
Pulmonary Medicine	1035
Radiology (Diagnostic)	1035
Radiology (Interventional)	1045
Radiology (Oncology)	1025
Rheumatology	1015
Sleep Medicine	1010
Sports Medicine (Minor Surgery)	1035
Sports Medicine (No Surgery)	1015
Surgical Assistant	1015
Surgical Specialist (Minor Surgery)	1040
Surgical Specialist (No Surgery)	1020
Thoracic Surgery	1075
Urgent Care	1025
Urology (Major Surgery)	1040
Urology (Minor Surgery)	1035
Urology (No Surgery)	1015



<u>Specialty</u>	<u>Class</u>
Vascular Surgery	1075

b. Health Care Extenders

<u>Specialty</u>	<u>Class</u>
Certified Registered Nurse Anesthetist	9040
Chiropractor	9020
Midwife	9100
Nurse Practitioner	9025
Optometrist	9008
Perfusionist	9030
Pharmacist	9010
Physical/Occupational Therapist	9005
Physician Assistant	9050
Psychologist	9010
Radiology Assistant	9050
Social Worker	9005
Surgical Assistant	9060

3. Rate Tables

a. Physicians, Surgeons, Dentists, and Podiatrists

Mature \$1,000,000/\$3,000,000 Rates:

<u>Class</u>	<u>Territory 1</u>
1003	\$8,110
1005	\$10,138
1007	\$14,193
1008	\$17,234
1010	\$18,248
1015	\$20,275
1018	\$22,303
1020	\$23,316
1025	\$25,344
1030	\$28,385
1035	\$31,426
1040	\$35,481
1045	\$39,536
1050	\$43,591
1055	\$51,701
1060	\$60,825
1065	\$68,935
1070	\$79,073
1075	\$91,238



<u>Class</u>	<u>Territory 1</u>
1080	\$106,444
1095	\$141,925

b. Health Care Extender Rating Factors

<u>Class</u>	<u>Percentage of Family Medicine (No Surgery) Rate</u>
9005	3.00%
9008	7.50%
9010	10.00%
9020	15.00%
9025	25.00%
9030	20.00%
9040	31.25%
9050	30.00%
9060	35.00%
9100	183.80%

4. Premium Modification Factors

a. Part-time Practice Discount

A qualified health care professional practicing 20 hours or less per week is eligible for a 50% part-time practice discount. A health care professional cannot receive this discount and the interns, residents, and fellows discount, new to practice discount, or claim free discount simultaneously. A health care professional insured under a policy rated on a per-patient visit basis is not eligible for this discount.

b. Interns, Residents, and Fellows Discount

A qualified health care professional in a formal internship, residency, or fellowship is eligible for a 50% discount. A health care professional cannot receive this discount and the part-time practice discount, new to practice discount, claim free discount, or risk management discount simultaneously. A health care professional insured under a policy rated on a per-patient visit basis is not eligible for this discount.

c. New to Practice Discount

A qualified physician, surgeon, dentist, or podiatrist who recently completed an internship, a residency or fellowship, another approved training program, or military service, and has begun practice for the first time is eligible for this discount. The discount applies from the first date of the new practice as follows:

First 12 months:	75%
12 months to 24 months:	50%
24 months to 36 months:	25%



A health care professional cannot receive this discount and the part-time practice discount, interns, residents, and fellows discount, or claim free discount simultaneously. A health care professional insured under a policy rated on a per-patient visit basis is not eligible for this discount.

d. Claim Free Discount

A qualified health care professional who is claim free for 3 or more years is eligible for a claim free discount in accordance with the following:

<u>Claim Free Year</u>	<u>Discount</u>
3	5%
4	10%
5	12%
6	14%
7	16%
8	18%
9	20%
10+	24%

A health care professional cannot receive this discount and the part-time practice discount, interns, residents, and fellows discount, or new to practice discount simultaneously. A health care professional insured under a policy rated on a per-patient visit basis is not eligible for this discount.

e. Risk Management Discount

A qualified health care professional who completes an approved risk management activity annually is eligible for a 5% risk management discount. A health care professional cannot receive this discount and the interns, residents, and fellows discount simultaneously. A health care professional insured using the charitable medicine coverage program, under a policy rated on a per-patient visit basis, or under an experience rated account is not eligible for this discount.

f. Group Size Discount

This discount is available for qualified health care professionals who are members of a formal group. The discount is based on the size of the group as follows:

<u>Size</u>	<u>Discount Percentage</u>
2–5	3%
6–9	5%
10–19	10%
20–49	15%
50+	20%

Per-patient rated policies are not eligible for this discount.

g. Affinity Discount

This discount is available for qualified health care professionals who are members of an informal group or association and is based on the size of the group or association. Per-patient rated policies are not eligible for this discount.



h. Schedule Rating

Schedule rating allows the modification of a rate to reflect certain risk characteristics that are not reflected in manual rating. It permits the application of a range of credits and debits based upon risk characteristics as follows, subject to a maximum credit or debit of 25%:

<u>Category</u>	<u>Description</u>
1. Practice Experience	Stable, longstanding practice and/or significant degree of experience in current area of practice.
2. Loss Experience	Claims frequency and/or severity different from the expected experience, or recognition of unusual characteristics of claims.
3. Classification Anomalies	Characteristics that differentiate the insured from other members of the same class, or recognition of recent developments within a classification or jurisdiction that are anticipated to impact future loss experience.
4. Risk Management/Loss Control Procedures	Specific operational activities undertaken by the insured to reduce the frequency and/or severity of claims.
5. Number/Type of Patient Exposures	Size and/or demographics of the patient population that influences the frequency and/or severity of claims.
6. Organizational Size/Structure	The organization's size and processes are such that economies of scale are achieved while servicing the insured.
7. Quality Assurance and Claim Review Committees	Presence of committees that routinely meet to 1) review and help integrate medical procedures, treatments, and protocols, 2) conduct quality assurance, peer, utilization, and/or medical ethics reviews, and/or 3) review claims/incidents and help take corrective action.
8. Other Risk Management Practices and Procedures	Additional activities undertaken to reduce the frequency and/or severity of claims.
9. Training, Accreditation, and Credentialing	Degree to which insured participates in and supports such activities.
10. Record Keeping Practices	Degree to which insured incorporates methods to maintain quality patient records, referrals, and test results.
11. Utilization of Monitoring Equipment, Diagnostic Tests, or Procedures	Degree to which insured incorporates the latest advances in medical treatments and equipment into the practice, or failure to meet accepted standards of care.



i. Experience Rating

A group practice consisting of 2 or more insureds can be experience rated and receive a credit or debit based on its claims and exposure history. The history will be evaluated over a minimum period of 3 years and a maximum period of 10 years. Criteria used to determine the application of such credits or debits include:

- Historical premium or exposures
- Number of claims
- Actual and projected incurred losses
- Causes of such losses
- Nature of practice
- Expense considerations

Such credits or debits will apply per policy period and will be reviewed annually.

j. Sizable Risk Rating

If an individual risk develops an annual manual premium of at least \$100,000 at the \$1,000,000/\$3,000,000 limits and has exposures or hazards different from those contemplated in the Company's filed rates, rules, and coverages, the Company may modify the applicable rates, rules, and coverages. The Company will maintain files of any such modifications and make them available to the Department of Insurance upon request.

k. Suspension of Coverage

A health care professional with separate limits of coverage who is not practicing for reasons including, but not limited to, disability, sabbatical, family leave, or military leave is eligible to have his or her coverage temporarily suspended with the premium waived for the period of suspension.

l. Voluntary Deductibles

Individual and group deductibles are available in both aggregated and non-aggregated forms. The deductible credit varies with the limits of coverage and the deductible type and amount. Refer to the Company.



m. Surcharge Program

This program is available for those health care professionals who do not meet the Company's standard underwriting criteria and is used in lieu of declination or non-renewal. Surcharges range from 40% to 400%. Insureds in the program could be subject to additional limitations and requirements, including:

- Restrictions on limits of coverage provided
- Imposed deductibles
- Removal of consent to settle provision
- Risk Management requirements
- Not qualifying for dividends

Insureds in the program are not eligible for any discounts.

End Section III

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Supporting Document Schedules

Bypassed - Item:	Consulting Authorization
Bypass Reason:	N/A
Attachment(s):	
Item Status:	
Status Date:	

Satisfied - Item:	Actuarial Certification (P&C)
Comments:	Please see the attached.
Attachment(s):	NORCAL - Actuarial Memorandum & Exhibits.pdf
Item Status:	
Status Date:	

Satisfied - Item:	District of Columbia and Countrywide Experience for the Last 5 Years (P&C)
Comments:	Please see the attached.
Attachment(s):	NORCAL - District of Columbia and Countrywide Experience for the Last 5 Years (P&C).pdf
Item Status:	
Status Date:	

Bypassed - Item:	District of Columbia and Countrywide Loss Ratio Analysis (P&C)
Bypass Reason:	N/A
Attachment(s):	
Item Status:	
Status Date:	

Satisfied - Item:	NORCAL Cover Letter/Explanatory Memorandum
Comments:	Please see the attached.
Attachment(s):	2015 09 04_NORCAL Cover Letter (DC RR).pdf
Item Status:	
Status Date:	

**NORCAL MUTUAL INSURANCE COMPANY
DISTRICT OF COLUMBIA
PHYSICIANS AND SURGEONS PROGRAM**

ACTUARIAL MEMORANDUM

This memorandum, attached exhibits and manual rate pages provide support for the NORCAL Mutual Insurance Company (NORCAL) District of Columbia physicians, surgeons and healthcare extenders liability rates. Rates are derived for annual claims-made policies effective May 1, 2016.

NORCAL Mutual Insurance Company (NORCAL) is the parent company of Medicus Insurance Company (Medicus). Medicus currently has filed and approved rates in District of Columbia. The overall premium impact is neutral and the base rate (Class 1015, 1M/3M Limits) remains unchanged at \$20,275.

Exhibit A compares the current and proposed specialty factors.

Exhibit B compares the current and proposed claim free discounts.

Exhibit C shows NORCAL's direct written premium and policy counts by year over the last five years, both Countrywide and for the District of Columbia, as well as the five year history of rate changes in the District of Columbia.

NORCAL Mutual Insurance Company

Exhibit A

DISTRICT OF COLUMBIA

Physicians and Surgeons

Impact of Specialty Changes

<u>Current Risk Specialty</u>	<u>Current Factor</u>	<u>Proposed Factor</u>	<u>Impact</u>
Dermatology (Minor Surgery)	1.00	1.10	10.0%
Dermatology (No Surgery)	0.68	0.70	3.7%
Internal Medicine (No Surgery)	1.10	1.15	4.5%
Neurology (No Surgery)	1.15	1.25	8.7%
Pediatrics (No Surgery)	1.00	1.00	0.0%

NORCAL Mutual Insurance Company

Exhibit B

DISTRICT OF COLUMBIA

Physicians and Surgeons

Claim Free Discount Program

<u>Claim Free Years</u>	<u>Current Credit</u>	<u>Proposed Credit</u>	<u>Impact</u>
0	0.0%	0.0%	0.0%
1	2.0%	0.0%	2.0%
2	4.0%	0.0%	4.2%
3	6.0%	5.0%	1.1%
4	8.0%	10.0%	-2.2%
5	10.0%	12.0%	-2.2%
6	12.0%	14.0%	-2.3%
7	14.0%	16.0%	-2.3%
8	16.0%	18.0%	-2.4%
9	18.0%	20.0%	-2.4%
10+	20.0%	24.0%	-5.0%

NORCAL Group
DISTRICT OF COLUMBIA
Physicians and Surgeons

Exhibit C

5-Year Historical Premium, Policy Counts and Rate Changes

<u>Year</u>	<u>Countrywide</u>		<u>District of Columbia</u>	
	<u>Policy Count</u>	<u>Direct Written Premium (000s)</u>	<u>Policy Count</u>	<u>Direct Written Premium (000s)</u>
2010	17,157	294,580	0	0
2011	17,175	286,447	0	0
2012	17,219	288,965	0	0
2013	12,508	285,236	0	0
2014	12,811	293,225	5	80

5-Year History of Rate Changes - District of Columbia

<u>Effective Date</u>	<u>Rate Change</u>
4/1/2013	Initial Medicus Filing

There have been no applicable rate changes in the last 5 Years



NORCAL MUTUAL™

September 4, 2015

Robert Nkojo – Actuarial Supervisor
District of Columbia Department of Insurance Securities and Banking
Insurance Products Division
810 1st Street NE, Suite 701
Washington, DC 20002

Re: NORCAL Mutual Insurance Company
NAIC #33200
Company Tracking Number: DC15097
SERFF Tracking Number: NCMC-130167079
Medical Professional Liability Insurance
Rate/Rule Manual Filing
Proposed Effective Date: May 1, 2016

Dear Mr. Nkojo,

NORCAL Mutual Insurance Company is domiciled in California and the company's goal is to provide medical professional liability insurance on a national basis. In an effort to reach national prominence, NORCAL acquired Medicus Insurance Company in 2011 to facilitate its expansion into additional states.

Enclosed for your review and approval is NORCAL Mutual Insurance Company's Health Care Professionals Program rate and rule manual filing. We would like to have the manual available for use as of May 1, 2016. NORCAL will transfer the policyholders from our subsidiary, Medicus Insurance Company, to NORCAL Mutual Insurance Company by offering renewal under NORCAL Mutual's new program.

Please let us know if we can provide any further information.

Thank you for your consideration,

Jane M. Cundiff
Product Filing & Compliance Analyst
NORCAL Mutual Insurance Company
512-879-5128
jcundiff@norcal-group.com